

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State

08-17-1999 90013 039 ****61.25

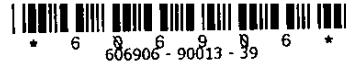
DOCUMENT # 713023

1. Corporation Name

SOUTHERN GENEALOGIST'S EXCHANGE SOCIETY, INC. .

Principal Place of Business
1580 BLANDING BLVD.
JACKSONVILLE FL 32205

Mailing Address
P.O. BOX 2801
JACKSONVILLE FL 32203



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/05/1967

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6215576

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT, CHARLES W
112 W ADAMS ST.
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME CARDELL, RICHARD B
STREET ADDRESS 1519 CORNELL RD
CITY-ST-ZIP JACKSONVILLE, FL 00000 32207-7701

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Perry N. Medlock
1.3 STREET ADDRESS 7220 Camfield St.
1.4 CITY-ST-ZIP Jacksonville, FL 32222

TITLE V ☒ DELETE
NAME FERGUSON, JON
STREET ADDRESS 1278 WOLFE ST
CITY-ST-ZIP JACKSONVILLE FL 32205-8306

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Iler Dean Denmark
2.3 STREET ADDRESS 9534 8534 Beauchamp Blvd.
2.4 CITY-ST-ZIP Jacksonville, FL 32205-6100

TITLE V ☒ DELETE
NAME SAINT-AMAND, ROBERT
STREET ADDRESS 3410 ROGERO RD
CITY-ST-ZIP JACKSONVILLE FL 32277-2554

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME Doris R. Wilson
3.3 STREET ADDRESS 1425 Delmar Street
3.4 CITY-ST-ZIP Jacksonville, FL 32205

TITLE T ☐ DELETE
NAME BILLY, JANICE
STREET ADDRESS 1757 GLENDALE ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S ☒ DELETE
NAME BILLY, ANNE L.
STREET ADDRESS 6239 SAGE DR
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME Ida Hagan
5.3 STREET ADDRESS 7081 Pamela Drive
5.4 CITY-ST-ZIP Jacksonville, FL 32210

TITLE SD ☒ DELETE
NAME WILSON, DORIS R
STREET ADDRESS 1425 DELMAR ST
CITY-ST-ZIP JACKSONVILLE FL 32205-6100

6.1 TITLE SD ☒ Change ☐ Addition
6.2 NAME Lynn White
6.3 STREET ADDRESS 4605 Amherst Street
6.4 CITY-ST-ZIP Jacksonville, FL 32205-7303

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Perry N. Medlock
Perry N. Medlock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-15-99

(904) 387-9142

Date

Daytime Phone # 772-9419-Home

CR2E037 (5/99)